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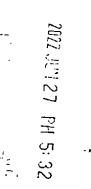
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c/ 9/20/2022

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

VOIP Adva	matge				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Edward B. Strickland				
	Name of Person				
	VOIP Advantage				
	Firm/Company				
	11612 Sweetflag dr.				
	Address				
	Bradenton, FL, 34202				
		City/State and Zip Code			
	bstrickland@avivaseniorlif				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Edward B. Strickland		352 514-9589			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		<u>Street Address:</u> Registration Se	retion		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JTM 27 PM 5: 32 VOIP ADVANTAGE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/28/2019}{}$ and assigned Florida document number L19000142318 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Edward B. Strickland Jr.	4432 Murdock Ave. Sarasota, Fl. 34231	□Add
			≣Remove
			□ Change
			🗆 Add
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			□Remove
			□Change

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Effective date, if other than the if an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	lock does not meet the applicable statutory filir	(optional) nore than 90 days after filing.) Pursuant to 605,0207 (3) ng requirements, this date will not be listed as the
e record specifies a delayed effect rd is filed.	ve date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
June 21, Dated	2022	
	hellette	2 1
	Signature of a member or authorized representative	e of a member
Edward B. Strickland		
	Typed or printed name of signee	

Filing Fee: \$25.00